

SECTION 14

PRIOR AUTHORIZATION

Providers are required to seek prior authorization for certain specified services **before** delivery of the services. In addition to services that are available through the traditional Medicaid Program, expanded services are available to children 20 years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require prior authorization.

The following general guidelines pertain to all prior authorized services.

- A Prior Authorization (PA) Request **must** be completed and mailed to: Infocrossing Healthcare Services, Inc., P.O. Box 5700, Jefferson City, MO 65102. Providers should keep a copy of the original PA Request form, as the form is not returned to the provider.
- The provider performing the service **must** submit the PA Request form. Sufficient documentation or information **must** be included with the request to determine the medical necessity of the service.
- The service **must** be ordered by a physician, nurse practitioner, dentist, or other appropriate health care provider.
- Do **not** request prior authorization for services to be provided to an ineligible person. Authorization considers medical necessity only and does not examine eligibility.
- Expanded HCY (EPSDT) services are limited to recipients 20 years of age and under and are **not** reimbursed for recipients 21 and over even if prior authorized.
- Prior authorization does **not** guarantee payment if the recipient is or becomes enrolled in managed care and the service is a covered benefit.
- Payment is **not** made for services initiated before the approval date on the PA Request form or after the authorization deadline. For services to continue after the expiration date of an existing PA Request, a new PA Request **must** be completed and mailed.

Whether the prior authorization is approved or denied, a disposition letter will be returned to the provider containing all of the detail information related to the prior authorization request. Any other documentation submitted with the prior authorization request will not be returned with the exception of x-rays and dental molds. All requests for changes to an approved prior authorization should be indicated on the disposition letter and submitted to the same address as the original prior authorization request.

Instructions for completing the PA Request form are found in Section 8 of the Medicaid *Provider's Manual* available on the Internet at www.dss.mo.gov/dms.

PROCEDURES REQUIRING A PRIOR AUTHORIZATION

The following procedure codes require a Prior Authorization Request form.

11920	15836	19364-50	21194	50365-6250*	67903-50
11920-EP	15837	19366	21230	50547	67903-62
11921	15838	19366-50	21235	50547-50	67903-6250
11921-EP	15839	19367	21260	50547-62	67904
11922-EP	17999-EP	19367-50	21260-62	50547-6250	67904-50
11960	19316	19368	21261	54152	67904-62
11970	19316-50	19368-50	21261-62	54161	67904-6250
11971	19318	19369	21720	54162	67906
11981	19318-50	19369-50	21725	54163	67906-50
11982	19324	19370	21725-62	54164	67908
11983	19324-50	19370-50	26580	56805	67908-50
15780	19325	19371	26590	56805-62	67909
15781	19325-50	19371-50	43644	57335	67909-50
15782	19328	19380	43645	57335-62	67923
15786	19328-50	19380-50	43659	58345	67923-50
15787	19330	20974	43659-50	58345-50	67924
15810	19330-50	21086	43842	58345-62	67924-50
15820	19340	21086-50	43842-62	58345-6250	69300
15820-50	19340-50	21087	43843	65767	69949-EP
15821	19342	21088	43843-62	65767-50	71250**
15821-50	19342-50	21120	43845	65780	71260**
15822	19350	21120-62	43846	65782	71270**
15822-50	19350-50	21121	43846-62	67900	71275**
15823	19355	21122	43847	67901	71550**
15823-50	19355-50	21123	43847-62	67901-50	71551**
15831	19357	21123-62	43848	67902	71552**
15832	19357-50	21125	43848-62	67902-50	71555**
15833	19361	21127	50365*	67902-62	92391-EP
15834	19361-50	21127-62	50365-50*	67902-6250	
15385	19364	21188	50365-62*	67903	

* This service requires a Division of Medical Services Transplant Contract.

** A Prior Authorization is not required if this service is provided in an inpatient hospital or emergency room setting.